

Winston Abramo  
National Stage Processing  
Patent Specialist  
(703) 385-6421

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10525466**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
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18		0		/		
19		0		/		
20	/		/			
21		1		/		
22		1		/		
23		3		/		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	32	←	29	←		←
TOTAL CLAIMS	34	⊞	31	⊞		⊞

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⊞		⊞		⊞